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RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES AND FOR ADDITIONAL GENERAL RESOURCES TO FUND APPROVED COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the Middle East and North Africa region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. It also contains recommendations for additional general resources to fund the approved country programmes in the same region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve:

(a) The following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Algeria	2 000 000	1 000 000	1996-1997
Oman	1 000 000	-	1996
Sudan	5 500 000	10 000 000	1996
Palestinian children and women in:			
Lebanon	700 000	1 040 000	1996-1997
Syrian Arab Republic	400 000	620 000	1996-1997
West Bank and Gaza	2 400 000	32 600 000	1996-1997

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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(b) Additional general resources in the following amounts, totalling $1,096,933, to achieve the objectives of the country programmes as originally approved by the Board:

Country/programme	Amount (United States dollars)	Current programme cycle
Algeria	357 676	1991-1995
Oman	129 416	1991-1995
Sudan	200 000	1991-1995
Palestinian children and women in the West Bank and Gaza	409 841	1994-1995

Summaries of individual recommendations follow.

I. ALGERIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	12.1
U5MR (per 1,000 live births) (1992, PAPCHILD)	45
IMR (per 1,000 live births) (1992, PAPCHILD)	44
Underweight (% moderate and severe) (1992)	9.2
Maternal mortality rate (per 100,000 live births) (1989)	230
Literacy (% male/female) (1990)	70/46
Primary school enrolment (% net, male/female) (1990)	94/83
Percentage of grade 1 reaching grade 5 (% male/female) (1991)	92/88
Access to safe water (%)	79
Access to health services (1985)	88
GNP per capita (1992)	US$ 1 840
One-year-olds fully immunized against:	
tuberculosis:	87 per cent
diphtheria/pertussis/tetanus:	73 per cent
measles:	69 per cent
poliomyelitis:	73 per cent
Pregnant women immunized against:	
tetanus:	36 per cent

The situation of children and women

1. Since December 1991, Algeria has been experiencing one of the most turbulent periods in its history, a period marked by a serious political, economic, social and cultural crisis. Approximately 30 per cent of the population lives below the poverty level. Industrial and agricultural production has fallen to an unprecedentedly low level, and more than half the young people between the ages of 20 and 30 are unemployed, accounting for 80 per cent of all the unemployed. The inflation rate has tripled since 1989. The implementation of stringent structural adjustment measures, including the suspension of subsidies and the devaluation of the dinar, has quadrupled the cost of food. The erosion of the purchasing power of households is affecting the nutritional status of mothers and children.

2. The access of the population to health services has decreased, despite the existence of a sizeable health care network, which includes permanent health centres and mobile units. The use of preventive and peripheral services has declined, because of the atmosphere of insecurity and the shortage of drugs. Vaccination coverage for the five diseases included in the expanded programme on immunization (EPI) dropped sharply during the period 1992-1993.

3. According to a 1992 survey conducted by the Pan-Arab Project for Child Development (PAPCHILD) during the period from 1982 to 1991, the infant mortality rate (IMR) declined from 83 to 44 per 1,000 live births, and the under five mortality rate (U5MR) declined from 123 to 45 per 1,000 live births. Contagious diseases, acute respiratory infections (ARI) and diarrhoeal diseases were the leading causes of infant mortality in Algeria. In 1994, four cases of poliomyelitis and 30 cases of diphtheria were reported.

4. School enrolment is relatively high in Algeria. The destruction of nearly 600 schools and other threats have not discouraged teachers and pupils from returning to school despite difficult conditions. There are still considerable disparities between the coastal regions and the interior. The literacy rate remains at 58 per cent. Almost half the women over 15 years of age are illiterate.

5. It is estimated that there are 134,000 disabled children of school age, 31 per cent of them disabled from birth, 45 per cent as the result of disease and 22 per cent as the result of an accident. The estimated number of children abandoned varies between 3,000 and 5,000 each year. Almost all child-mothers abandon their children for cultural, social and economic reasons related to sociological problems.

6. The use of contraceptives rose to 51 per cent in 1992, bringing about a decline in the total fertility rate, from 7.4 in 1977 to 4.2 in 1992. Despite an increase in the overall educational level in 1989, women accounted for only 7 per cent of the economically active population, and most of the women holding jobs were single (56 per cent). The maternal mortality rate (MMR) remains high. According to a national survey conducted in 1989, nearly one out of four deaths among women of child-bearing age was still related to pregnancy, abortion, delivery or post-delivery complications. Tetanus vaccination coverage remains very low.

7. Despite the political situation, the first three years of the current decade have seen improvements in the situation of Algerian children. Algeria has adopted the World Declaration on the Survival, Protection and Development of Children in the 1990s, issued at the World Summit for Children, and has ratified the Convention on the Rights of the Child. Its commitment has resulted in the drawing up of a National Programme of Action (NPA). Medium-term objectives for 1995 were drawn up at the meeting of the League of Arab States on children, held in Tunis in 1992.

Programme cooperation, 1991-1995

8. The following objectives were pursued under programme cooperation during the period 1991-1995: (a) a reduction in the infant mortality rate (IMR) to 40 per 1,000 live births and in the child mortality rate from 71 to 50 per 1,000 live births; (b) a reduction in the disparities in education between girls and boys; and (c) improved services for disabled children, as well as for abandoned children or children in especially difficult circumstances.

9. The situation in the country has weakened the institutions involved in programme cooperation, and has significantly reduced the effectiveness of the basic structures. In an effort to address these problems and preserve the main achievements, a reorientation of the programme objectives has been undertaken since 1992, with a view to strengthening the health sector.

10. The objectives of the health programme were to: (a) achieve an immunization rate of 90 per cent against the diseases targeted under EPI and eradicate poliomyelitis and neonatal tetanus; (b) achieve a rate of utilization of oral rehydration therapy (ORT) of 80 per cent; and (c) reduce mortality caused by ARI by 30 per cent among children under five years of age. Priority has been given to the consolidation and improvement of vaccination coverage for children under one year of age. Since 1992, UNICEF has allocated the bulk of its funds to the purchase of vaccines, in order to fill the gaps created by the disorganization in the management and distribution system and the cutback in State financial resources. UNICEF has collaborated in the preparations for vaccination campaign days in the Maghreb in areas where coverage has been low. As a result, the decline in vaccination coverage has been halted and partial

reports show that the immunization rate has begun to rise again. UNICEF has provided a unit for the production of oral rehydration salts (ORS), as well as a million ORS sachets, in order to offset a temporary shortage of ORS and enable the country to become self-sufficient in that area. The mortality rate from dehydration has declined by 25 per cent since 1991. UNICEF has also helped to strengthen and develop the national programme against iodine deficiencies. The rate of utilization of iodized salt has risen to 90 per cent.

11. The objectives of the education programme were to: (a) institutionalize the teaching in elementary schools of the practical aspects of public health; and (b) raise the literacy rate among women from 40 to 70 per cent in four wilayate (governates). Technical and logistical support provided by UNICEF has made it possible to initiate health education programmes in 60 pilot schools and to start 400 women's literacy classes in the wilayate of Batna, Tizi Ouzou, Adrar and Bechar. These activities will make it possible to attain the objectives for 1995.

12. The budget allocation for the programme for children in especially difficult circumstances was reduced in order to improve the health programme. The objectives of the programme were accordingly revised. UNICEF contributed to the starting up of 10 specialized pilot classes for children with sensory and motor skill disabilities in the public schools. It also contributed to efforts to persuade the national authorities to adopt the so-called Kafala law, which allows adopted children to bear the name of their adopted father. This initiative represents substantial progress within the context of the Islamic tradition.

13. As regards social mobilization and advocacy, UNICEF supported the setting up of two social communication units within the national television news agency and the National Institute of Public Health. Since 1991, these two units have produced 25 television spots and 15 radio spots, as well as 10 posters and other articles needed for social mobilization.

Lessons learned

14. UNICEF has had to become much more flexible in order to adapt to the rapidly changing social, political and economic circumstances in Algeria. It must collaborate more directly with the local authorities, and involve non-governmental organizations (NGOs) in its programmes, particularly the health and nutrition programmes and programmes for children in especially difficult circumstances.

Recommendation for additional general resources for the approved country programme, 1991-1995

15. The programme of cooperation between the Government of Algeria and UNICEF for the period 1991-1995 was approved by the Executive Board in 1991, in the amount of $3,750,000 from general resources (E/ICEF/1991/P/L.17). In 1992, the annual planning level for Algeria was increased to $1 million. That decision reflected a resolve to strengthen the small country offices or those which had recently been raised to that level. This made it possible, inter alia, to supply the vaccines that the Government had no longer been able to purchase, following the political and economic crisis starting in December 1991. A supplementary allocation of $357,676 will be needed in 1995, to cover this increase and provide additional resources, as well as to implement the decision taken by the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF to coordinate their cooperation cycles with effect from 1997.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	642	358

a/ The amount shown here includes the actual balance carried over from the previous cycle.

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Health	500	400	900
Education	150	200	350
Children in especially difficult circumstances	50	100	150
Social mobilization and advocacy	100	100	200
Monitoring and evaluation	100	100	200
Programme support	100	100	200
Subtotal	1 000	1 000	2 000
Supplementary funding			
Health	250	250	500
Education	100	100	200
Children in especially difficult circumstances	100	100	200
Social mobilization and advocacy	50	50	100
Subtotal	500	500	1 000
Total	1 500	1 500	3 000

Goals, objectives and strategies

16. This programme has six main components: health, education, children in especially difficult circumstances, social mobilization and advocacy, monitoring and evaluation, and programme support.

17. The main strategies will be the following: (a) concentration on the most vulnerable population groups, especially girls and women and the most deprived regions, with a view to reducing regional and gender disparities; (b) national and local capacity-building; (c) the involvement of NGOs and local authorities

in the programmes; and (d) the promotion of greater commitment to children, among decision-makers and among the population as a whole.

Health

18. The objectives are mainly those established for the middle of the decade: (a) 90 per cent vaccination coverage for children under 1 year of age; (b) the elimination of neonatal tetanus and poliomyelitis; (c) an ORT utilization rate of 80 per cent, accompanied by continuous feeding; (d) universal use of iodized salt; (e) establishment of the principles of the Baby-Friendly Hospital Initiative (BFHI) in target hospitals, and monitoring of the nutritional status of children.

19. With regard to the EPI component, national and regional vaccination campaign days will continue to be organized, particularly in the context of Maghreb campaigns. Emphasis will be placed on the control of measles and the elimination of poliomyelitis. The cold chain will be reinforced and consolidated. A regular and permanent system will be established for the supply of vaccines, based on the principle of self-sufficiency in that area. In collaboration with the World Health Organization (WHO) and Rotary International, UNICEF will continue to support the training and retraining of medical and paramedical personnel on a regular basis. Activities under the project for the control of diarrhoeal diseases will include the strengthening of the capacity of the national ORS production unit in Saïdal, with a view to ensuring the universal availability of ORS, and the promotion of greater social mobilization among mothers, health personnel and decision-makers with a view to spreading the use of ORT. The project for the control of iodine deficiency disorders will provide for quality control in the production of iodized salt, and for the use of iodized salt in resistant regions, through the media and through social mobilization. UNICEF will support activities aimed at encouraging breast-feeding up to the age of six months, and promoting BFHI.

Education

20. The objectives are: (a) to attain a school enrolment rate of at least 80 per cent among girls between the ages of 6 and 15 in all wilayate in the country where the enrolment rate is lower; (b) to raise the literacy rate among young women over the age of 15 by 20 per cent in four wilayate; and (c) to extend health education in elementary schools. In order to attain those objectives, advocacy efforts will focus on authorities and decision-makers to promote the education of girls, mobilize communities and local authorities in the course of school enrolment of girls, and expand current women's literacy activities throughout the four target wilayate. The health education programme developed recently will be introduced into the national education system.

Children in especially difficult circumstances

21. The objectives will remain the same as those for the previous programme cycle, but special attention will be paid to the effects of violence on the development and behaviour of children. Social mobilization and advocacy among decision-makers will be resolutely pursued.

Social mobilization and advocacy

22. This programme is designed to support recommended activities through positive action aimed at influencing the behaviour and attitudes of target populations and mobilizing them to promote greater utilization and better organization of services and to benefit children. This strategy targets political decision-makers, the various participating agencies, including NGOs, families and parents. To that end, the programme provides for collaboration

with specialized State and private institutions in the production and dissemination of mass communication materials, and in the use of all special events to arouse the awareness of and mobilize the population.

Monitoring and evaluation

23. Monitoring and evaluation is the weak link in the country's national development programme. UNICEF will provide assistance to the National Statistical Office, the National Institute of Public Health and the Ministry of Health in the establishment of an integrated and effective system designed to strengthen the national capacity for the collection, processing, analysis, dissemination and utilization of data regarding women and children. This will permit the continuous monitoring of indicators relating to the objectives for the decade, and adjustments in the programme based on the trends observed. Support will be provided to the monitoring group established in the Ministry for Foreign Affairs in connection with the Convention on the Rights of the Child.

Programme support

24. Provision has been made under this programme to make intersectoral activities operational and to provide short-term technical assistance as required.

Intersectoral strategies and cooperation with other agencies

25. Following the adoption in 1989 of a new constitution providing for the decentralization of public agencies, a significant grass-roots movement developed. Some NGOs have become national in scope, and could potentially be valuable partners in activities in specific regions or areas, especially vulnerable areas, play a role in consciousness-raising among families, and assist in the provision of training and information services for vulnerable and marginalized population groups. UNICEF will collaborate with NGOs, and will strengthen its relations with other partners in the United Nations system involved in areas of common interest, in particular UNFPA, WHO and UNDP. This inter-agency cooperation has become all the more important following the harmonization of the programme cycles of UNDP, UNFPA and UNICEF, which has the approval of the Government.

II. OMAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	0.8
U5MR (per 1,000 live births)	29
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1992)	23
Literacy (% male/female)	../..
Primary school enrolment (% net, male/female) (1991)	84/79
Primary school children reaching grade 5 (%) (1991)	96
Access to safe water (%) (1992)	63
Access to health services (%) (1992)	96
GNP per capita (1992)	$6,480

One-year-olds fully immunized against:

tuberculosis:	95 per cent
diphtheria/pertussis/tetanus:	97 per cent
measles:	95 per cent
poliomyelitis:	97 per cent

Pregnant women immunized against:

tetanus:	95 per cent

The situation of children and women

26. The preliminary results of the 1993 census estimate the population of Oman at 2,017,591, and of this 26 per cent are expatriates. The annual natural population growth rate is estimated at 3.7 per cent. The fertility rate of 6.8 is the second highest in the Middle East and North Africa. More than 53 per cent of the population are under 15 years of age. The dependency ratio poses a heavy burden on families, and the large percentage of children in the population will continue to place a heavy demand on social services. The years spent in continuous child birth also take their toll on the health of women and infants.

27. Since 1970, remarkable progress has been made in child survival and development (CSD). During the period 1970-1993, IMR and U5MR were reduced from 214 and 375 per 1,000 live births to 23 and 29, respectively. According to the 1993 Ministry of Health Annual Statistical Report, immunization coverage from 1981 to 1993 increased as follows: anti-tuberculosis vaccine from 54 to 95 per cent; three doses of combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine (OPV) from 19 to 97 per cent; and measles from 10 to 95 per cent. The mid-decade goal of eliminating neonatal tetanus has been achieved and the eradication of polio by 1996 is achievable. However, other major causes of childhood disability need to be addressed and early detection and community-based rehabilitation promoted.

28. An effective control of diarrhoeal diseases (CDD) programme has reduced deaths from diarrhoeal diseases from 20 per cent of all cases in 1984 to 6.7 per cent in 1988, and to less than 1 per cent in 1993. Morbidity due to underlying environmental conditions and poor hygienic practices, however, remains high. A 1991 study of 6- to 14-year-old children showed that 14 per cent of children were infected with at least one type of parasite. Severe malnutrition is not a problem, but hospital data reveal a high rate of mild and moderate malnutrition among children under six years of age, with peaks

during the weaning period and in children 3-5 years of age. Most infant deaths are now due to inadequate knowledge and care practices during the perinatal period. There is, therefore, a need to increase community awareness, empower mothers with required knowledge and skills, and provide them with social support to ensure proper care for themselves and their newborns.

29. The educational system (from primary to secondary) has expanded at a phenomenal rate. From only 3 schools and 900 students in 1970, the number rose to 932 schools with 476,984 students and 21,087 teachers (of whom 50 per cent are Omanis) during the 1994/1995 school year. Girls accounted for 49 per cent of first grade enrolment and 48 per cent of the total student population. By 1991, the gross primary school enrolment rate had reached 108 per cent for boys and 99 per cent for girls. There is, however, the need to improve the net enrolment ratios, lower the drop-out and repetition rates, improve educational facilities and train more Omani teachers. The pre-school curriculum needs to be improved and standardized, and the service expanded to cover more pre-school-age children.

30. The Government has embraced the goals of the World Summit for Children and prepared a comprehensive NPA. Effective strategies have been adopted to reduce IMR and U5MR by one third each between 1993 and 2000; to halve maternal mortality; to reduce the incidence of severe and moderate malnutrition among children under five years old; and to achieve universal primary education by the year 2000.

31. In order to sustain social progress and achieve the year 2000 goals, increased priority is being accorded to human resources development and the training of more Omani nationals to reduce dependence on expatriate personnel, who in 1993 accounted for 52 per cent of health staff. The problem of the high population growth rate also needs to be addressed to improve the quality of life for women and children. A balance between consumption and conservation of scarce natural resources, especially water and oil, is also essential. Furthermore, the elimination of pockets of the population with unmet basic needs and the reduction of disparities in social services coverage require attention. The current five-year development plan (1991-1995) has allocated 72 per cent of available resources for regional development, and administrative decentralization will help to accelerate access to social services.

Programme cooperation, 1991-1995

32. The country programme for 1991-1995 incorporated the priority goals of the decade and other major problems identified in the situation analysis. There was a mix of strategies for service delivery, with a strong focus on capacity-building and empowerment of the community, especially women, through access to information and education. The social services database was strengthened through operational research, surveys and joint reviews of priority programmes to obtain assessments quickly for mid-course programme corrections. UNICEF support also helped the Government to formulate and adopt an NPA which has four sectoral plans: health and nutrition; education; disability; and social services.

33. UNICEF collaborated with WHO to sustain universal child immunization and also provided procurement services for the Government to purchase vaccines and cold-chain equipment. Surveillance and monitoring activities focused on high-risk areas. Educational materials on CDD and ARI were developed and disseminated. Support was given for the establishment of standard operating procedures and for the training of health personnel. The maternal and child health (MCH) programme included a study on maternal risk factors; the training of over 5,000 health staff; the development of 32 different kinds of appropriate training materials; and the production of 36 public information health messages. Support was given to the development of a national birth spacing programme by highlighting the relationship between fertility levels and MCH.

34. A 1991 in-depth survey of the health and nutritional status of Omani families confirmed earlier indications of a wide array of nutritional problems. As a follow-up, UNICEF supported surveys to assess the magnitude of malnutrition and micronutrient deficiencies, including iodine deficiency disorders (IDD); the promotion of proper complementary feeding practices to reduce the incidence of malnutrition; the production of training materials for health and community development workers; and the organization of national training workshops. Assistance was provided for the community-based growth monitoring project. A committee was formed in 1992 to promote BFHI and breast-feeding. As a result, 31 of the country's 51 hospitals were declared "baby-friendly" by 1993, and all hospitals are likely to attain "baby-friendly" status by 1994.

35. UNICEF advocated and supported the formulation of the NPA for childhood disabilities. The capacity of existing services for the disabled through community-based initiatives was assessed, and UNICEF supported disability prevention, early detection and rehabilitation.

36. To stimulate policy dialogue, UNICEF provided technical assistance for an analysis of water supply and sanitation to promote the use of appropriate technologies through pilot interventions. Given the limited resources of UNICEF, future cooperation will focus on environmental sanitation and hygiene education. UNICEF advocacy has contributed to the decision of the Ministry of Electricity and Water and the Ministry of Regional Municipalities and Environment to build a national database for the sector by adapting the UNICEF/WHO water and sanitation monitoring system.

37. UNICEF support to education helped to upgrade the quality of teaching and training materials for general education and literacy programmes. The training of pre-school teachers also was supported. Technical assistance was provided to review the programme, prepare the education portion of the NPA, assess students' achievements and plan further improvements of the programme. The assessment of math and science achievements of eighth grade students and monitoring of the learning achievement of fourth grade students is under way.

38. Social mobilization and advocacy to promote knowledge and awareness among the community-at-large on vital issues affecting the health and well-being of children and women was a cross-cutting strategy. Support to the Inter-Ministerial Task Force for the National Women and Child Care Plan (NWCCP) led to the production of a variety of training and information materials and to the organization of workshops. Ratification of the Convention on the Rights of the Child has yet to take place and is being advocated.

Lessons learned

39. The lessons learned include the need to supplement social mobilization, education and advocacy by providing technical, financial and material support for implementation of CSD programmes. As UNICEF resources are limited, it is necessary to focus on a few selected interventions in priority areas; to base interventions on continued assessments of the situation and focus on the principal goals for the decade; and to follow-up on programme implementation by regular monitoring and periodic evaluation built into all the programmes. One of the major roles that UNICEF can play is to serve as a conduit for information and knowledge exchange, which is essential to sustain social progress. Thus, the role of UNICEF in this initiative will be strengthened.

Recommendation for additional general resources for the approved country programme, 1991-1995

40. The country programme for Oman for the period 1991-1995 was approved by the Executive Board in 1991 with available general resources of $3,750,000 (E/ICEF/1991/P/L.23). The annual planning level was increased from $750,000 to $1,000,000 in 1992, which resulted in the early utilization of approved funds

and a shortfall for 1995. Therefore, the Executive Board is requested to approve $129,416 in addition to general resources to cover the shortfall for 1995. The funds will be used for implementation of the health programme.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	871	129

a/ The amount shown here includes the actual balance carried over from the previous cycle.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States Dollars)

General resources	1996
Health	100
Nutrition	250
Environmental sanitation and hygiene	50
Education	250
Community development	100
Advocacy and social mobilization	30
Programme support	220
Total	1 000

Objectives and strategies

41. The Government has initiated the planning of its next five-year plan for the period 1996-2000, which will be finalized in 1995. Therefore, the present "bridging" programme is being submitted to harmonize the UNICEF programme cycle with that of the next five-year plan. This programme is a continuation of the current country programme and includes the same components, i.e. health, nutrition, education, environmental sanitation and hygiene, and community development. Advocacy, social mobilization and community development will form an integral part of each programme.

42. The programme is based on the findings of the situation analysis, which was updated in 1993, and the country's NPA for the year 2000, prepared in 1993-1994. The overall objective of the programme is to consolidate and sustain the gains that have been made and to aim for the achievement of the year 2000 goals.

43. The scope of the programme will continue to be nationwide and encompass the following strategies: capacity-building; strengthening of social sector data-gathering, analysis and monitoring; promotion of decentralization, intersectoral coordination; community participation; advocacy and social mobilization to empower the community with knowledge they need to care for themselves and their children.

Health

44. The MCH project aims to contribute to the reduction of (a) maternal and infant mortality from the current levels of 29 and 23 per 1,000 live births to 15 and 17, respectively, by focusing on "at-risk" pregnant women; and (b) regional disparities in the prevalence of low-birth-weight babies by educating parents about prenatal care, especially in high-risk areas. The birth spacing programme will be supported through the promotion of breast-feeding and the production and dissemination of relevant information, education and communication (IEC) materials. Assistance will be given to the school health programme which promotes the active involvement of teachers in health education.

45. EPI will sustain the high levels of immunization and increase coverage to virtually 100 per cent so as to achieve the eradication of polio and measles by 1996 and 2000, respectively. Support will focus on outreach activities in remote, high-risk areas; reducing drop-outs through monitoring at district, regional and national levels; raising awareness of parents about the need to complete the immunization schedule; and strengthening capacity-building through training and refresher courses for health staff. In order to eradicate polio, regular national immunization days, "mopping-up" operations in high-risk areas and the strengthening of disease surveillance systems will be supported.

46. CDD activities will focus on the reduction of morbidity from 170,000 cases to 155,000 by 1996; capacity-building through the training of 3,000 health staff; and the dissemination of IEC materials on health education, with an emphasis on washing hands with soap. Emphasis also will be placed on the promotion of breast-feeding and proper complementary feeding practices during diarrhoeal episodes, reinforcing standard procedures for home management of diarrhoea; and the prevention of diarrhoea through environmental sanitation and personal hygiene.

47. The ARI project aims to reduce mortality due to ARI by 50 per cent in children under five years of age and to reduce regional disparities in the ARI prevalence rate. Priority will be given for early diagnosis, referral and correct case management of ARI, including proper case management of measles. Support will be provided for the training of staff, upgrading production of training materials and helping mothers to recognize the danger signs of ARI. The harmful effects of smoking will be addressed by the dissemination of information and education materials.

48. The childhood disability project will support nationwide screening for the early detection and care of disabled children through community-based rehabilitation centres organized by the Ministry of Social Affairs and Labour. It also aims to reduce accidents through the dissemination of information on major causes, accident prevention, treatment and rehabilitation. UNICEF will support capacity-building through the training of government and community-based rehabilitation staff; updating and the production and dissemination of training materials; increasing the number of community-based rehabilitation centres; and the strengthening of intersectoral collaboration.

Nutrition

49. The nutrition programme aims to reduce malnutrition in children under five years of age from the current level of 16 per cent to 12 per cent; and for over 90 per cent of mothers to exclusively breast-feed their children for the first four months of life and to continue breast-feeding, with complementary feeding, up to two years of age. The 65 master trainers that were trained during 1994 in implementation of the complementary feeding programme in nine regions will train 2,500 health staff in these regions. Community awareness will be increased through the wider dissemination of information and education materials. Support will be given to strengthen routine reporting of nutritional status. The recommendations of the 1994 studies of IDD and vitamin A deficiency disorders will be used to design appropriate interventions.

Environmental sanitation and hygiene

50. The objective is to promote personal and home hygiene in order to reduce the incidence of health problems caused by poor environmental conditions and hygiene practices. Support will be given to upgrade the knowledge and skills of 122 community development workers. UNICEF will support the dissemination of information on environmental sanitation and personal and home hygiene nationwide.

Education

51. As the gross primary school enrolment rate has reached over 100 per cent, the aim of the education programme now is to improve the quality and relevance of primary education to meet the needs of the community, thus enabling them to contribute to national development. Support will be given to strengthen the national management of education, monitoring and evaluation and to establish an efficient education management information system. A study in 1995 will assess the degree of primary school drop-outs and out-of-school children. The findings will be used to develop a strategy to help these children. UNICEF also will support the development of the first pre-school teacher-training curriculum, the training of pre-school teachers and measuring learning achievements.

Community development

52. The community development programme aims to disseminate education and information materials based on Facts For Life to rural communities to help improve the health and nutritional status of children and their mothers. Community development workers will receive training in health, nutrition and hygiene.

Social mobilization and advocacy

53. Advocacy and social mobilization efforts will focus on further improving the situation of women and children by creating greater awareness of the year 2000 goals and by empowering the community with information and knowledge to achieve these goals. UNICEF will continue to support NWCCP activities and help to disseminate training and information materials. Training workshops will be organized at national, regional and district levels to build national capacity to develop and disseminate information. The Omani version of Facts for Life will be distributed widely.

Monitoring and programme review

54. The status of implementation of all programmes will be monitored through regular field visits and reports submitted by regional offices to the concerned departments of the Government. The priority will be to monitor progress towards achieving the decade goals. Rapid assessment techniques will help to obtain quick assessments for immediate corrective actions. Data gathered will be disaggregated by gender and geographical location to help identify and fill gaps. The programme will be reviewed during 1995 to provide a basis for formulating the next four-year programme of cooperation.

Cooperation with United Nations agencies

55. As UNDP and UNFPA do not have country programmes in Oman, harmonization of Government and United Nations programming cycles was not applicable. Cooperation with WHO in health and nutrition programmes, however, will continue. Priority will be on implementation of health and nutrition services related to the decade goals for children and women.

III. SUDAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	12.9
U5MR (per 1,000 live births)	128
IMR (per 1,000 live births)	77
Underweight (% moderate and severe) (1986-1987)	19.5
Maternal mortality rate (per 100,000 live births) (1989)	550
Literacy (% male/female) (1990)	43/12
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	94
Access to safe water (%) (1992)	40
Access to health services (%) (1990)	70
GNP per capita (1992)	a/
One-year-olds fully immunized against:	
tuberculosis:	61 per cent
diphtheria/pertussis/tetanus:	51 per cent
measles:	49 per cent
poliomyelitis:	51 per cent
Pregnant women immunized against:	
tetanus:	9 per cent

a/ Estimated to be low income ($675 or less).

The situation of children and women

56. The Sudan has an under-five child population of 4.5 million and 5 million women of child-bearing age. According to the 1993 census, the population is estimated at 25 million. Millions of Sudanese remain trapped in civil conflict for the eleventh consecutive year, with the United Nations and many NGOs continuing to provide humanitarian relief under Operation Lifeline Sudan (OLS). The country's basic services infrastructure has been virtually destroyed. In 1994, 2.4 million people were in need of emergency food aid, and 5.2 million people were victims of armed conflict in need of other basic services.

57. After a decade of near zero economic growth, the growth in gross domestic product was 13 per cent during 1990-1992, but declined to 5 per cent in 1993-1994. Over 60 per cent of the population live in poverty. Government budget deficits continue. Net disbursement of official development assistance declined sharply from $938 million in 1988 to $386 million in 1992.

58. During 1994, the Government reorganized to create 26 states from the former nine; substantial responsibility for social services was delegated to the state governments and local councils.

59. IMR declined from 106 per 1,000 live births in 1990 to 77 in 1993, while U5MR declined from 166 to 128 per 1,000 live births. However, MMR remains very high, at about 550 per 100,000 live births. Malnutrition among children under five years old persists at 10-15 per cent and is especially high among children affected by the civil war (20-40 per cent). Over 60 per cent of the rural

population have no access to safe drinking water and 80 per cent have no access to sanitation. In 1992, the gross enrolment rate for primary education was 60 per cent (68 per cent for boys and 53 per cent for girls), an increase of about 4 percentage points over 1990. Large numbers of children in southern Sudan are in especially difficult circumstances, many with psycho-social trauma due to exposure to armed conflict.

Programme cooperation, 1991-1995

60. UNICEF cooperation has been a balanced combination of advocacy and resource mobilization, service delivery, capacity-building and empowerment of communities to help accelerate progress towards achievement of the mid-decade and decade goals of the NPA for children. In 1993, the country began a process of decentralization, which should expedite implementation of the NPA through state programmes of action in the major states of Equatoria, Kordofan and Darfur. As a complementary empowerment initiative, the Child-Friendly Village Initiative enables communities to assess their own situations and to plan and implement village actions for children and women. As a result of the enthusiasm generated in the initial 20 villages, the above-mentioned Initiative is being expanded to cover 200 villages by 1995, in cooperation with UNDP.

61. The Government/UNICEF mid-term review, held in October 1993, adjusted the design of the cooperation to focus more clearly on achievement of the mid-decade goals, with priority to immunization coverage, vitamin A supplementation, universal salt iodization and interruption of the transmission of guinea worm disease. UNICEF continued to support increased access to safe water and sanitation and to basic education. These decisions reflected the high priority accorded by the Government to child survival and to the welfare of the large numbers of children and women exposed to armed conflict. As a result, a nationwide polio/measles/vitamin A campaign received support in 1994. Coverage for children under five years old increased to 59 per cent for two doses of OPV, 67 per cent for measles vaccination and 62 per cent for vitamin A supplementation. Water supply and sanitation activities were expanded beyond Kordofan to cover Darfur and Central states. A special focus on villages affected by dracunculiasis produced an 81 per cent reduction in cases in accessible areas in the northern states. The area-based programme was aligned with the UNDP-supported area development services programme using the child-friendly village strategy of the convergent delivery of services to high-risk communities. The scope of cooperation for children in especially difficult circumstances was broadened from solely street children to include childhood disabilities and children affected by war. Access of displaced children to basic education was expanded significantly.

Recommendation for additional general resources for the approved country programme, 1991-1995

62. The current country programme for the Sudan for the period 1991-1995 was approved by the UNICEF Executive Board in 1991 in the amount of $25,000,000 from general resources and $50,000,000 in supplementary funds (E/ICEF/1991/P/L.18). In 1994, the Board approved an additional general resources allocation of $2,000,000 to meet the accelerated expenditure during 1991-1995 (E/ICEF/1994/P/L.34).

63. Additional general resources in the amount of $200,000 are being requested to fund the approved country programme for 1995, for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The shortfall occurred due to accelerated expenditures towards the elimination of dracunculiasis and universal salt iodization.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	5 300	200

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	Total
General resources	
Health	1 450
Household food security and nutrition	200
Water supply and sanitation	1 900
Basic education	475
Children in especially difficult circumstances	200
Area-based social development	375
Women-centred programme	100
Planning and programme support	600
Social mobilization and advocacy	200
Subtotal	5 500
Supplementary funding	
Health	4 500
Household food security and nutrition	300
Water supply and sanitation	2 600
Basic education	900
Children in especially difficult circumstances	600
Area-based social development	800
Women-centred programme	300
Subtotal	10 000
Total	15 500

64. This country programme proposal covers a request for approval of a "bridging" programme for 1996 in the amount of $5,500,000 in general resources and $10,000,000 in supplementary funds to enable UNICEF to harmonize future programme cycles with the Government, UNDP and UNFPA. The country strategy note on United Nations collaboration in the Sudan will be finalized in 1995 and will contribute to the design of the programme of cooperation in 1996 for the cycle 1997-2001.

Objectives and strategy

65. In 1996 UNICEF proposes to continue, under the regular country programme, support for the Government's NPA for the decade goals. The strategy for the proposed programme has two major reference points: the mid-term review, which reoriented the Government's social sector policies towards achieving the NPA goals; and the expansion of decentralization from 9 to 26 states. UNICEF cooperation also will take into account the situation analysis, which is currently being updated; progress made towards achievement of the decade goals in 1995; and results of evaluations of 1991-1995 cooperation. The strategy will be to strengthen technical support, the planning and delivery of vital supplies, and the monitoring and evaluation of selected basic services. The strategy also will include improved programme integration, geographic convergence, outreach in emergency situations and a systematic expansion of inter-agency collaboration. If necessary, UNICEF also will continue to implement emergency humanitarian assistance with the United Nations Department of Humanitarian Affairs and OLS.

Programmes

66. MCH services will be planned and implemented in collaboration with WHO and UNFPA within the framework of the country strategy note. UNICEF will work with the Government to reverse the decline in EPI coverage by rehabilitating the primary health care (PHC) network. Strengthened media activities will be important for the promotion of EPI, with a special emphasis on increasing measles and polio coverage in areas that are difficult to access and on universal coverage of pregnant women with tetanus toxoid vaccination. Disease surveillance will be strengthened to support to the elimination of neonatal tetanus and poliomyelitis. Integrated service delivery for home management of ORT and ARI will be promoted in association with EPI services. The current plan is to reduce the number of cases of dracunculiasis to zero before 1996, with these efforts continuing until final certification.

67. Vitamin A capsules will be distributed to all children under the age of two years in high-risk areas. UNICEF also will provide technical support to assess the feasibility of vitamin A fortification of sugar. The Sudan is expected to achieve the mid-decade goal of universal salt iodization by iodizing about 90 per cent of all salt produced in the country by 1995. In 1996, UNICEF will support social mobilization, public education and monitoring of the consumption of iodized salt. Technical support will be provided to the Government for the development of an intersectoral nutrition policy, with an emphasis on reducing protein-energy malnutrition in children under five years old.

68. UNICEF will provide support to the National Water Corporation at national and subnational levels to develop plans for the optimal use of existing resources. The involvement of rural councils and communities in the financing, planning and management of water resources will be promoted through diversification and the propagation of low-cost technologies, including improvement of dug wells with community hand-pumps, rapid sand filtration and sanitation schemes, with increased participation by and for women. Hygiene education will be supported in collaboration with the World Food Programme and UNDP.

69. In support of universal basic education by 2000, UNICEF will help to strengthen capacities for educational planning and management at national and state levels. UNICEF also will provide technical assistance to the Government for curriculum reform and for improved design, production and distribution of textbooks. UNICEF will support the implementation, in selected areas, of an Education for All (EFA) initiative. With a focus on the girl child, this initiative will aim to mobilize local governments and communities, including nomadic groups, to plan and implement formal and non-formal education, as well as improved teacher training.

70. Substantial humanitarian relief currently is provided under OLS for the many children affected by civil conflict and the resulting destabilization of society. If this relief operation needs to continue in 1996, UNICEF proposes to expand and decentralize its assistance to children in especially difficult circumstances through support to state governments and local NGOs. State governments will undertake surveys to assess the magnitude of the problems and design interventions to suit local needs. UNICEF will continue to assist the Toto-Chan Centre for Child Trauma at Juba which provides support to public agencies and NGOs for planning, capacity-building, implementation and monitoring of services related to psycho-social trauma in children. The problem of child labour and working children will be assessed to identify strategic interventions for 1997 onwards, in collaboration with NGOs.

71. The area-based programme will focus on the expansion of the Child-Friendly Village Initiative to cover 500 villages in six states in collaboration with other agencies, including the International Fund for Agricultural Development and the UNDP-supported area development services project. UNICEF also will introduce the child-friendly village strategy for rehabilitation activities in selected towns of the southern states affected by civil conflict.

72. Based on an assessment to be undertaken in 1995, UNICEF cooperation for women in development will continue to support the expansion of ongoing initiatives for the eradication of harmful traditional practices, including female genital mutilation (which is a goal in the NPA), early marriage and early child-bearing. In collaboration with UNDP and UNFPA, UNICEF will provide training and technical support to women in development units in federal and state government departments in order to develop gender-sensitive indicators and systems for monitoring progress towards the decade goals. Gender sensitization and training in the 26 newly constituted states and for NGOs also will be supported. As a significantly larger proportion of households among displaced populations tend to be headed by women, UNICEF will support greater coverage and participation of women in rehabilitation activities and child-care activities.

73. Recently, state political leaders have been given added responsibilities in the provision of social services. UNICEF will continue to strengthen the technical capacity of state government planning units, the National Council of Child Welfare and the newly established State Councils of Child Welfare. At the national level, UNICEF will support the Government's debt conversion initiative to mobilize more resources for child development.

74. UNICEF will work with federal and state government planning departments and the Central Bureau of Statistics to improve the use of available data for monitoring the status of children and women. Support will be given to surveys on indicators related to goals for children. State-level staff will be trained to improve planning, costing, financing and monitoring of the state programmes of action for the decade goals. Research and evaluation studies on the EFA initiative and the Child-Friendly Village Initiative will be supported to assess results and to prepare the 1997-2001 programme of cooperation.

75. Communication activities will focus on priority goals, especially EPI, CDD and infant and child feeding. UNICEF will support the expansion of health education activities by training community workers, local NGOs and people's committee leaders. The Theatre for Life initiative in Kordofan will be expanded to other states, drawing on other forms of traditional media and optimizing the role of community leaders and organizations, schoolteachers and other community workers. Training and technical support will be provided to mass media organizations in the planning, implementation and monitoring of programme support communications activities.

IV. PALESTINIANS

Basic data (around 1990)

	Lebanon	Syrian Arab Republic	West Bank and Gaza
*Child population (thousands, 0-15 years)	152	340	832
U5MR (per 1,000 live births)	69	65	51
IMR (per 1,000 live births)	55	53	41
Underweight (%, 0-3 years old)	-	-	-
Maternal mortality rate (per 100,000 live births)	61	-	-
Primary school enrolment (%, gross)	94	109	90
Literacy (%, male/female)	90/83	94/81	76/67 a/
Access to safe water (%)	-	-	-
Access to health services (%)	100	-	-
GNP per capita	-	$1,500	$1,275
One-year-olds fully immunized against (%):			
tuberculosis:	100	-	97
diphtheria/pertussis/tetanus:	100	-	97
measles:	100	-	90
poliomyelitis:	100	-	97
Pregnant women immunized against (%):			
tetanus:	90	40	46

a/ West Bank only.

76. Programmes of cooperation for Palestinian children and women in Lebanon (for 1995), the Syrian Arab Republic (for 1995) and the West Bank and Gaza (for 1994-1995) were approved by the Executive Board in 1994 (E/ICEF/1994/P/L.23). The evolving peace process in the region and its implications for services and opportunities for women and children provide the basis for submitting a two-year "bridging" proposal. This allows for more effective programme adjustments given rapidly emerging opportunities. A short-duration programme also can focus more effectively on capacity-building during this initial period of Palestinian organization in the West Bank and Gaza. Services for Palestinian children and women in Jordan were approved by the Executive Board in 1993 for the period 1994-1997 (E/ICEF/1993/P/L.20), and no additional funding is being requested at this time.

The situation of children and women

77. For most of this century, the Palestinian people have struggled for self-determination. The Declaration of Principles, signed between Israel and the Palestine Liberation Organization in September 1993, provides new vision and hope, for the first time, of Palestinians themselves building the institutions

of nationhood. This process also includes capacity-building among governmental and non-governmental Palestinian institutions, which addresses such basic human services as health, education and social services. This process has raised the hopes and expectations of the population that would be challenging to meet under normal circumstances of development. However, this process is even more challenging for a new administration which is also in a capacity-building phase. At the same time, there is a pressing need to demonstrate the benefits of peace. Nowhere is this more evident than in services for Palestinian children and women.

78. The Palestinian population is estimated at 3.8 million, of whom about one half live in the West Bank and Gaza. In Lebanon and the Syrian Arab Republic, more than 60 per cent of Palestinians live in refugee camps, with the majority of the remainder residing in underserved squatter areas. Greater Gaza City is the largest urban area; in contrast, the West Bank has a large rural population.

79. Palestinians are severely affected by poor economic conditions. Opportunities for gainful employment are very limited. In the host countries of Lebanon and the Syrian Arab Republic, Palestinians experience high competition for jobs as there is high unemployment and underemployment. In the aftermath of the Gulf war, more than 25,000 Palestinian workers in the Gulf, who were sending remittances to their families, lost their jobs and returned to the West Bank and Gaza. As a result of sporadic violence in the occupied territories, the number of Palestinian migrant workers to Israel fell from 70,000 to 23,000 in 1994.

80. The fertility rate of the Palestinian population in Gaza is almost 8 per cent. MMR varies from virtually nil for pregnant women, who are registered refugees and benefit from MCH services provided by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) in Lebanon, to 93 per 100,000 live births in the Syrian Arab Republic. Major causes of maternal deaths are haemorrhage, pre-eclampsia and womb lacerations. Poor family planning and birth spacing practices are underlying factors.

81. IMR and U5MR ranged from 42 to 55 per 1,000 live births and from 55 to 69 per 1,000 live births in 1991, respectively. Rates are higher in squatter communities. The major causes of infant mortality are low-birth-weight/prematurity, congenital malformations, gastroenteritis and ARI. Diarrhoeal diseases and ARI are the major causes of under-five mortality. Iron deficiency anaemia is a prevalent problem among Palestinian children and women. In the Syrian Arab Republic, UNRWA reported that 75 per cent of children under three years of age were anaemic. The Palestinian Bureau of Statistics reported that 63 per cent of pregnant women are anaemic in their last trimester of pregnancy. Palestinians registered as refugees are provided with basic health services through a network of MCH and public health centres run by UNRWA. Hospital services and dispensaries are run by the Palestinian Red Crescent Society (PRCS) mainly inside the camps. Several Palestinian and international NGOs and private physicians provide medical care. While immunization coverage has been at over 85 per cent for all antigens and ORT is commonly used, services provided by NGOs and private physicians do not usually focus on prevention.

82. Primary school enrolment is above 90 per cent with no significant gender bias. However, 50 per cent of children drop out before grade nine in the West Bank and Gaza. While the UNRWA school system provides good quality education or registered refugee children, other schools tend to be overcrowded, poorly equipped and have under-trained teachers. Extended school closures since the onset of the intifadah in 1987 have contributed to a situation in which less than 50 per cent of children under 12 years of age have acquired basic reading, writing and cognitive skills. Remedial education is necessary to help these youth.

83. During the intifadah, there were many casualties, particularly children who require physiotherapy and psycho-social rehabilitation. In addition, the suspension of sports and cultural clubs and community-based activities reduced opportunities for non-formal education and other personal growth experiences for youth.

84. Similarly, the squalid conditions of camps and squatter areas preclude normal play opportunities for pre-schoolers. Efforts by NGOs to provide early child care have had modest success, and increased efforts are required to meet the needs of pre-school children.

85. The responsibilities of Palestinian women differ from those of women in many other Arab societies. On one hand, there is the unique nature of life in refugee camps and squatter areas and, on the other hand, female-headed households exist in the absence of adult males because of educational employment or other conditions associated with the conflict. Palestinian women are eager for education and ready to work for their families. They are an important asset to the development process. However, the illiteracy rate for women is estimated at 19 per cent. Their share in the paid labour force is around 15 per cent.

Review of previous cooperation

86. Among the lessons learned from recent cooperation in Lebanon is that programmes for Palestinian children and women should place more emphasis on building the capacity of Palestinian NGOs; empowering communities, families and women with basic skills and knowledge for better living; promoting social mobilization; and developing more effective monitoring and reporting systems. UNICEF assistance should strengthen services provided by UNRWA for registered Palestinians and services for Palestinian children and women who live outside the camps, and who are not reached by either UNRWA or government services.

87. In the Syrian Arab Republic, there is a need to strengthen services for Palestinian children and women so that the Palestinian community benefits from the efforts of the Syrian Arab Republic to achieve the mid-decade and end-decade goals for children. UNICEF should cooperate with UNRWA, the Syrian General Organization for Palestinian Arab Refugees (GOPAR), Palestinian NGOs and community self-help organizations to strengthen those programme efforts related to the decade goals and to benefit from the efforts of the Syrian Arab Republic in this regard.

88. In 1993 and 1994, UNICEF assistance in the West Bank and Gaza was to help ensure, increase and improve basic services for children and women, especially in the areas of health and education. UNICEF cooperated with UNRWA, mostly in Gaza and refugee camps, as well as with many Palestinian and international NGOs and community groups. UNICEF also assisted with strengthening implementation capacity and coordination among those service organizations. Special social services which UNICEF assisted included physiotherapy and psycho-social rehabilitation, including drama, sports and recreation activities. Palestinians' perceived need for self-help has led to a strong sense of social responsibility and creative problem-solving at the community level, and UNICEF cooperation has served youth and women's NGOs working in communities.

89. Although many services have been successful, there is a need for improved coordination, consolidation and a strong focus on sustainability. Given the priorities of the Palestinian authorities and local NGOs, UNICEF will give high priority to cooperation on capacity-building and sustainability. Similarly, coordination and complementarity between donors and service agencies need to be strengthened. This is necessary to expand the coverage and quality of basic services. There is scope for furthering United Nations inter-agency cooperation. Accordingly, a process of consultation and coordination has been initiated and facilitated by the United Nations Special Coordinator and includes, inter alia, the World Bank, UNDP, UNRWA, WHO, the United Nations

Educational, Scientific and Cultural Organization (UNESCO), UNICEF, bilateral donors, international NGOs and relevant Palestinian authorities and institutions.

Recommended programme cooperation, 1996-1997

90. Although the living conditions of Palestinian children and women and the delivery systems for basic services differ from place to place, there are important commonalities, including, among others, culture and the Palestinian desire for progress. Most importantly, there is the commitment to further develop Palestinian capacities to plan and deliver basic services by Palestinian NGOs, philanthropic associations, community organizations and especially the newly established Palestinian Authority in the West Bank and Gaza.

91. The framework for UNICEF cooperation is imbedded in a situation in which a Palestinian national economic structure is emerging. Hence, the good will of the international community is essential for stimulating the social and economic development process. Acceleration of basic services coverage for Palestinians is essential so that the hopes and expectations that accompany the peace process bear more results.

92. In addition to coordination within the United Nations system and with other donors, UNICEF will strengthen cooperation with governmental and non-governmental institutions which, in addition to UNRWA, are directly responsible for the provision of services. In the Syrian Arab Republic, GOPAR is the government agency responsible for overseeing the administrative and civil status needs of Palestinians. PRCS, the General Union of Palestinian Women (GUPW) in Lebanon and the Syrian Arab Republic, together with local and international NGOs, provide services and are also important UNICEF partners. For the West Bank and Gaza, the newly established Palestinian Authority, which is in the early stages of establishing planning and monitoring capacity, is responsible for health, education and social services. The Palestinian Economic Council for Development and Reconstruction, and the Ministries of Planning, Health, Education and Youth and Social Welfare are assuming responsibility for the delivery of social services. They are building their capacities for planning, organization, management and resource mobilization for basic services. In addition, UNICEF will cooperate with local and international NGOs and community organization to help them strengthen their roles in basic services.

A. Palestinian children and women in Lebanon

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Health	80	80	160
Early childhood development	50	50	100
Women in development	100	100	200
Water supply and sanitation	80	80	160
Advocacy and planning	40	40	80
Subtotal	350	350	700
Supplementary funding			
Health	100	120	220
Early childhood development	100	100	200
Women in development	150	150	300
Water supply and sanitation	170	150	320
Subtotal	520	520	1 040
Total	870	870	1 740

93. This recommendation continues and supports the objectives of ongoing programme cooperation for Palestinians in Lebanon, which is to contribute to achieving the decade goals. The programme responds to the priority needs of Palestinian children and women in Lebanon in cooperation with UNRWA, PRCS, GUPW and a network of Palestinian philanthropic associations and international NGOs.

94. There are four programmes: health; early childhood development (ECD); women in development; and water supply and sanitation. Advocacy, planning, monitoring and evaluation will form integral parts of each component. The generic strategy is to build on past experience and empower local associations and communities to meet the physical, emotional and socio-psychological needs of their children. The programme strategy also will emphasize community mobilization and involvement as well as capacity-building through staff training and strengthening of data reporting systems.

Health

95. Health objectives include (a) the virtual elimination of neonatal tetanus; (b) the elimination of poliomyelitis; (c) the reduction of measles mortality by 95 per cent and morbidity by 90 per cent of pre-immunization levels; (d) sustaining vaccination coverage for all six antigens at more than 90 per cent for all infants and 90 per cent coverage of all women of child-bearing age with tetanus toxoid; (e) sustaining 95 per cent coverage of mothers with regular antenatal, natal and post-natal care; (f) increasing ORT use to 90 per cent; and (g) sustaining the universal availability of iodized salt.

96. UNICEF will continue to provide vaccines, syringes, needles and cold-chain equipment to UNRWA service units, PRCS and Medical Aid to Palestinians (MAP) clinics. Improvement of the disease surveillance system, maintaining effective cold-chain operations and strengthening social mobilization to sustain public awareness and support of EPI activities will be high priorities.

97. CDD activities will promote ORT techniques in all PHC facilities and with families. The prevention of diarrhoea will be linked to the promotion of breast-feeding, continuous feeding during diarrhoea episodes and appropriate personal hygiene and sanitation. Close linkages will be forged with water supply and sanitation activities. UNICEF will provide ORS sachets, support staff training and assist with the production of promotional and educational materials using Facts for Life messages.

98. The focus in nutrition will be capacity-building for nutrition education, emphasizing the promotion of proper infant and child feeding practices, the elimination of vitamin A deficiency, the reduction of anaemia and the eventual elimination of IDD. UNICEF will provide growth charts to all PHC facilities and support the training of health workers. Community meetings will help to educate and empower families to address the range of determinants contributing to malnutrition and micronutrient deficiencies.

99. The safe motherhood initiative will train health workers and traditional birth attendants (TBAs) on the prevention of high-risk pregnancies, as well as on clean and safe deliveries. UNICEF will support the upgrading of prenatal, natal and post-natal care in PRCS and MAP facilities. In coordination with UNRWA, PRCS and MAP, workshops will be held for mothers in camps and displacement centres to improve their knowledge and practices in guiding child growth, personal hygiene, maternal nutrition, breast-feeding, immunization and safe motherhood practices.

100. UNICEF support will focus on helping children and their families to prevent and cope with physical disability and psychological trauma among children. In collaboration with local and international NGOs, UNICEF will help to develop and promote approaches for the prevention and early detection of childhood disabilities, within the PHC structure, in kindergartens and in primary schools. These institutions also will provide counselling and help to build capacity in families and communities to care for traumatized children. UNICEF will support the training of teachers, health staff and parents in the care and counselling of children with disabilities and those experiencing trauma.

Early childhood development

101. The main objective of the ECD programme is to help children achieve normal cognitive, emotional and psycho-social development. UNICEF will support the dissemination of early learning and stimulation methodologies for pre-school education services and homes. Physical upgrading of kindergartens through the establishment of children's libraries and playgrounds also will be supported. The programme will continue its close linkage with the Lebanese Education for Peace Programme, which will promote the participation of Palestinian children and youth in its activities.

102. UNICEF will collaborate with UNRWA in the development of new teaching methodologies, new diagnostic testing and a remedial education service, and will involve teachers, students and parents in efforts to improve the quality of primary education. A pilot project at Burj el-Barajneh for lower elementary-level students with learning problems will be evaluated to serve as a reference for expansion of coverage.

Women in development

103. This programme will provide women with education and vocational skills that will empower them to participate more effectively in economic life. UNICEF will continue to support small-scale, cooperative income-generating and marketing activities for Palestinian families, with a focus on female-headed households. UNICEF will support family agricultural activities which have the potential to ensure family nutritional security. All activities will be implemented in collaboration with Palestinian NGOs and community committees which will sponsor participating families. A monitoring system for income-generation and marketing activities will be established to help strengthen the viability of income-generation objectives. Strategies to increase adult literacy among the Palestinian population, especially women, will be pursued by developing and disseminating more effective models for literacy activities. Priority health and nutrition education messages will be incorporated into literacy materials.

Water supply and sanitation

104. This programme seeks to improve the quality and quantity of drinking water and to promote sanitary practices in displacement centres. In addition, the programme aims to maintain existing water and sewer networks in camps, with the cooperation of local committees. The strategy is to organize community-managed water supply and sanitation schemes. Appropriate information materials using Facts for Life messages will be disseminated to raise public awareness of proper practices for sanitation and the safe disposal of human waste.

Monitoring and evaluation

105. Monitoring and evaluation will constitute integral parts of the programme. Support will be provided to establish more detailed and up-to-date baseline data, to monitor trends and to serve as the basis for the evaluation of the programme and for planning future cooperation.

Cooperation with other organizations

106. Close cooperation with UNRWA and WHO will continue. UNICEF also will cooperate and coordinate with Palestinian philanthropic associations, community organizations and international NGOs providing assistance to Palestinian children and women in Lebanon.

B. Palestinian children and women in the Syrian Arab Republic

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Health	80	80	160
Early childhood development	50	50	100
Women in development	50	50	100
Programme support	20	20	40
Subtotal	200	200	400
Supplementary funding			
Health	100	100	200
Early childhood development	80	120	200
Women in development	100	120	220
Subtotal	280	340	620
Total	480	540	1 020

Objectives and strategy

107. The 1996-1997 programme of cooperation for Palestinians in the Syrian Arab Republic is based on the country's NPA, the Convention on the Rights of the Child and lessons learned from past UNICEF cooperation.

108. The country programme will support the achievement of the following core NPA goals among the Palestinian community: (a) to reduce IMR by at least one third from 33 to 22 per 1,000 live births; (b) to reduce U5MR by at least one third from 44 to 30 per 1,000 live births; (c) to reduce MMR by at least one third from 93 to 70 per 1,000 live births; (d) to eliminate severe malnutrition and reduce moderate malnutrition among children under five years old by one half; (f) to empower families with basic knowledge, skills and values needed for healthy living; and (g) to achieve and sustain the mid-decade goals for institutional health and nutrition. The strategy includes three programmes: (a) MCH; (b) ECD; and (c) women's development.

Maternal and child health

109. The MCH programme aims (a) to reduce ARI-related mortality by 50 per cent and ARI-related morbidity by 25 per cent among children under five years old; and (b) to reduce diarrhoeal disease-related mortality by 50 per cent and diarrhoeal disease-related morbidity by 25 per cent among children under five years old. In addition, the proportion of births attended by a trained attendant will be increased to virtually 100 per cent. Immunization will sustain polio eradication and the elimination of neonatal tetanus. All these and other efforts will improve the quality of MCH care.

110. In the area of capacity-building, UNICEF will continue to support the in-service training of UNRWA and NGO health staff, the introduction of standardized treatment and care protocols, and the improvement of reporting

systems and baseline data. UNICEF also will continue to promote cooperation and experience exchange between UNRWA and the Ministry of Health. To empower communities with critical life skills and knowledge, the cooperation will intensify the use of a variety of social mobilization activities with the mass media, women leaders, schools, TBAs and local NGOs in raising community awareness. UNICEF support for service delivery will strengthen the network of health services provided by UNRWA, GOPAR and Palestinian NGOs through the provision of essential materials and supplies. Additional support will improve health services in unofficial camps that are without access to UNRWA services.

Early childhood development

111. The ECD programme component will provide Palestinian mothers and others involved in child care with key knowledge and skills related to guiding the development of their young children. Another aim is to expand space in camps where children can play in a safe and healthy atmosphere. UNICEF also will help to upgrade the pedagogic and communication skills of all kindergarten teachers and expand access to kindergartens.

112. UNICEF will support these activities through discussion groups and training for women's groups and NGOs; the development of learning materials and readers on ECD for incorporation into women's literacy and vocational training programmes; periodic mass media campaigns; and incorporation of ECD education into training programmes for nurses, midwives and other health personnel who work with mothers.

113. To upgrade the quality of kindergartens in Palestinian camps, UNICEF, GOPAR and local Palestinian NGOs will support in-service and pre-service training for kindergarten teachers and provide basic equipment and supplies. To reach children without access to formal kindergartens, UNICEF support will help to establish a network of pilot kindergartens in homes where local mothers will be trained and equipped to provide care for children.

114. Because many children play in streets and other unsafe areas, there is a high incidence of accidents. UNICEF will assist GOPAR, Palestinian NGOs and local camp authorities to expand access to safe play areas. UNICEF will provide outdoor playground equipment for use in safe play areas and kindergarten grounds. GOPAR, local camp authorities and local NGOs will provide space for playgrounds and fencing, as well as handle supervision and maintenance.

Women in development

115. UNICEF will support surveys and related research to assess labour market needs, women's capabilities, occupational preferences and needs for basic life skills and knowledge. UNICEF support will be continued for literacy services for Palestinian women provided by UNRWA and local NGOs in the camps, with an emphasis on combining literacy with training in other basic life skills and knowledge. In conjunction with UNRWA and Palestinian NGOs, 300 to 500 Palestinian women will be trained annually in occupations related to labour market needs and women's preferences. In addition, 100 women leaders will be trained in administration, finance and supervision of income-generating activities. UNICEF also will work with UNRWA, Palestinian NGOs and trained women leaders to expand such successful income-generating activities as carpet mending, dress-making and toy production. The women leaders will serve as community focal points for matters related to the development and implementation of income-generating activities.

Cooperation with other United Nations agencies

116. UNRWA is an important United Nations partner in the development and implementation of programmes for Palestinians in the Syrian Arab Republic. Cooperation with UNFPA will focus on safe motherhood and population activities,

and with WHO on EPI, CDD, ARI and the control of micronutrient deficiencies. Cooperation with UNDP and the United Nations Development Fund for Women will focus on women's development activities.

C. Palestinian children and women in the West Bank and Gaza

Recommendation for additional general resources for the approved programme, 1994-1995

117. In 1994, the Executive Board approved the 1994-1995 programme for Palestinian children and women in the West Bank and Gaza (E/ICEF/1994/P/L.23). At that time, the general resources planning level was $725,000 per year. Effective 1995, the planning level was increased to $1,200,000, resulting in a shortfall in available funding for 1995. Taking into account financial savings in previous years, the Executive Board is requested to approve an amount of $409,841 in general resources to cover this shortfall in 1995.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1994-1995	790	410

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Health and nutrition	180	170	350
Education	150	160	310
Early childhood development	110	110	220
Youth and community development	120	110	230
Planning, monitoring and evaluation	90	100	190
Advocacy and communication	50	50	100
Programme support	500	500	1 000
Subtotal	1 200	1 200	2 400
Supplementary funding			
Health and nutrition	4 000	4 200	8 200
Education	3 500	3 800	7 300
Youth and community development	3 000	3 200	6 200
Early childhood development	4 000	4 200	8 200
Planning, monitoring and evaluation	300	500	800
Advocacy and communication	200	300	500
Programme support	600	800	1 400
Subtotal	15 600	17 000	32 600
Total	16 800	18 200	35 000

Objectives and strategy

118. UNICEF support aims at continuing previous cooperation for Palestinian children and women in the West Bank and Gaza to ensure basic services, with a stronger focus on capacity-building. The proposed programme has been developed through close dialogue with the Palestinian Authority and its various institutions, United Nations agencies, donor partners and NGOs. Within the framework of the Convention on the Rights of the Child and the mid- and end-decade goals for children, the Palestinian Authority already is engaged in preparing an NPA, which is expected to be finalized in the first half of 1995. The proposal ties in with the various elements currently under development for the NPA.

119. Programmes for Palestinian children and women in the West Bank and Gaza have two major objectives: (a) to provide emergency services as needed; and (b) to support a longer-term process for survival, development and protection through a Palestinian programme of action for children. Special emphasis will continue to be placed on the rehabilitation for children and youth (under the age of 18 years), the generation that needs to recuperate from their lost childhood, lack of education and traumatic experiences due to conflicts.

120. The major policy references for the proposed cooperation are the promotion of the Convention of the Rights of the Child and achieving the goals of the World Summit for Children, through the NPA, with strategies for empowerment, capacity-building and sustainability. In cooperation with the Palestinian

Authority, UNICEF assistance will give priority to: (a) increasing coverage and improving the quality of basic services for vulnerable groups; (b) Eliminating regional-, gender-, economic- and disability-related disparities in the coverage of basic services; (c) developing indigenous capacity to achieve, monitor and sustain the World Summit goals for children through the adoption of relevant policies, plans and programmes; (d) developing indigenous technical, managerial and organizational skills to meet basic professional standards for basic services; (e) promoting the Convention and the NPA for children through advocacy, social mobilization, training, technical and material support at national, subnational and community levels; (f) developing broad partnerships with international and local NGOs as well as encouraging private and community self-help initiatives; (g) empowering women and girls to become full participants in the economic and social development process; (h) strengthening coordination and harmonization with United Nations agencies and donors to improve complementarity, efficiency and effectiveness; and (i) developing databases and the planning capacity of the social sector for improving the situation of Palestinian children and women.

Health and nutrition

121. Together with UNRWA, WHO and NGOs, UNICEF will support the Palestinian Authority in strengthening health service policies and management, developing health strategies and standardizing and upgrading health procedures, especially those related to PHC and MCH services. Disparity reduction will be addressed through the upgrading of basic health care in poorly serviced regions such as Hebron.

122. UNICEF will provide vaccines for immunization services; assist in improving the quality of the cold chain, storage facilities, the efficiency of transportation and monitoring of vaccine stocks; and assist in upgrading the skills of managers and health workers for service delivery, monitoring and capacity-building. UNICEF will provide assistance to promote the universal use of ORT among health workers, mothers and child-care givers concerning the management of diarrhoea and dehydration. For ARI, standardized case management and the rational use of drugs will be promoted through health education to correct erroneous popular practices. A priority for maternal health will be to upgrade quality of care for mothers and newborns and to educate women about childbirth and motherhood, including BFHI and the promotion of early, exclusive breast-feeding. The promotion of family planning and maternal health through the Ministry of Health and the Ministry of Social Welfare and information campaigns on birth spacing and family counselling will be major activities.

123. UNICEF assistance for nutrition will focus on the universal availability of iodized salt through advocacy, policy enforcement and cooperation with salt trading companies in the West Bank and Gaza. PHC activities at the community level will include support for the promotion of the environmental health and mental health components (psycho-social health and counselling) and community education services.

Education

124. UNICEF support will reinforce EFA and NPA goals. Major efforts will be made to enhance enrolment and retention rates, with a special focus on the reduction of gender disparity and drop outs, as well as on upgrading the quality of primary education. UNICEF will assist with the provision of learning materials, teacher training and encouraging participatory learning techniques. UNICEF will support the establishment of an education management information system for policy planning and implementation. As part of longer-term capacity-building for the Ministry of Education, UNICEF will cooperate with UNESCO, UNRWA, the World Bank and other relevant agencies to strengthen planning and policy-making capacity in education.

125. UNICEF will cooperate with the Ministry of Education and the Ministry of Health in developing appropriate and effective school health education activities, in line with a skills for life approach.

Early childhood development

126. The ECD programme is part of a basic education strategy to enrich and support normal child development during the critical, formative years from birth to five years. The ECD programme has strong linkages with non-formal education and psycho-social health services with respect to expanding opportunities for the cultural, social and psychological development of young children.

127. The strategy is to reach caregivers, whether they be associated with child-care institutions, households, or service groups, with information and training in ECD. UNICEF, therefore, will provide assistance for community education to promote early childhood stimulation skills among parents and siblings and training of health, social service and youth services professionals to strengthen their skills in advocacy and awareness activities. These personnel will, in turn, reach 10,000 homes at risk by 1997. UNICEF also will provide assistance for (a) the media, especially television and radio, to help them promote ECD; (b) the development of a model for screening for the early detection and prevention of child development problems, with early detection linked to the MCH and primary education services; and (c) the expansion of community initiatives to construct and equip safe play areas for young children. UNICEF will provide technical support to the Ministry of Social Welfare for policy development for children and women, especially for early child care, and advocacy and technical support for incorporating ECD into national education policy with the Ministry of Education and for other services with the Ministry of Social Work.

Youth and community development

128. The programme will aim at healing the wounds of youth whose values and aspirations will predominate in the next decade. Young children will be reached through combined non-formal education and mental health services. Activities to support rehabilitation, development and empowerment of youth to prepare them for parenthood and civic life will involve cooperation with the Ministries of Youth and Sports, Education, Health and Social Welfare, as well as with a network of local NGOs and sister United Nations agencies. These activities will include sports and recreation, arts, culture, physical and mental health, environmental and personal hygiene, and awareness about acquired immune deficiency syndrome. These activities will be integrated into youth programmes with youth themselves playing major roles in planning and management of services.

129. Capacity-building activities will include (a) the development and maintenance of a database for planning and monitoring services; (b) technical support to the Palestinian Authority for developing and implementing a holistic policy and services to address needs of youth; (c) the promotion of youth clubs to facilitate the participation of girls and young women in activities; (d) training and other learning experiences for youth leaders on positive leadership skills, teamwork, management and entrepreneurship; and (e) the organization and development of community-based programmes with a skills for life theme, which promote youth participation and responsibility.

Planning, monitoring and evaluation

130. UNICEF cooperation will focus on capacity-building with Palestinian Authority institutions for their involvement in the survival, protection, participation and development of Palestinian children, youth and women. Planning capacity in relevant sectoral ministries will be supported. A database and a monitoring system on the situation of children, youth and women will be developed with the Palestinian Bureau of Statistics, including baseline data and

updating of information, e.g. gender indicators, data for programming and goal monitoring. Operations research and evaluation activities will be expanded in collaboration with professional bodies and universities.

Advocacy and communication

131. Advocacy for policy and programmes will promote the World Summit Goals and the Convention on the Rights of the Child through the development of a Palestinian NPA for children. UNICEF advocacy should help to integrate the NPA into development plans of the Ministry of Planning and the sectorial plans of the Ministries of Health, Education, Youth and Sports, and Social Welfare. The organization of a high-level commission to monitor the implementation of the NPA and the Convention on the Rights of the Child will be facilitated.

132. A multimedia strategy to support advocacy of NPA goals and raise public awareness will be implemented. Television, radio and print media are instrumental channels for social and political mobilization. The training of journalists to portray accurate profiles on the situation of Palestinian children and women will be undertaken.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES AND FOR ADDITIONAL GENERAL RESOURCES TO FUND APPROVED COUNTRY PROGRAMMES IN THE CENTRAL AND EASTERN EUROPE REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the Central and Eastern Europe region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. It also contains a recommendation for additional general resources to fund the approved country programme in the same region for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) The following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Moldova	1 500 000	2 000 000	1995-1996
Turkey	2 200 000	2 800 000	1996

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

(b) Additional general resources in the amount of $497,002 to achieve the objectives of the country programme as originally approved by the Board:

Country/programme	Amount (United States dollars)	Current programme cycle
Turkey	497 002	1991-1995

Summaries of individual recommendations follow.

I. MOLDOVA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.4
U5MR (per 1,000 live births)	36
IMR (per 1,000 live births)	31
Underweight (% moderate and severe)	5.2
Maternal mortality rate (per 100,000 live births)	52
Literacy (% male/female)	99/94
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$1,300

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	87 per cent
measles:	92 per cent
poliomyelitis:	97 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

1. Moldova declared its independence from the former Soviet Union in August 1991. Moldova is a largely agricultural country with very rich soil. However, it is drought-prone and the summer of 1994 brought the worst drought in 70 years, a hurricane and floods of emergency proportions, which left 20,000 persons homeless and caused an estimated $260 million worth of damage. Moldova has a population of 4.4 million, which declined in 1993. About 750,000 people live in the regions of Transnistria and Gagauzia, which are claiming independence. Ethnic Moldovans comprise 64 per cent of the population, followed by Ukrainians (14 per cent), Russians (14 per cent) and Gagauzians (4 per cent).

2. Elections and a referendum in early 1994 showed that the great majority of Moldovans preferred independence. There were further developments made to reassure the minorities, including the suspension of the Moldovan language law, and greater association with the Commonwealth of Independent States.

3. The gross domestic product declined by two thirds between 1989 and 1994. Many enterprises have closed or are operating at greatly reduced capacity, causing high unemployment and underemployment. Some 250,000 workers were dismissed from the state sector. This has hit women hardest as they were the first to lose their jobs. Moldova no longer has subsidized fuels and raw materials, traditional trading patterns have been disrupted and the cost of essential imports has increased greatly. Some Moldovan families are impoverished. Wages and benefit payments have not kept up with prices. Teachers, health workers and other social sector state employees have gone long periods without pay.

4. Where they exist, social service safety nets have proved far from safe. As the vast majority of pre-school child facilities are state owned, they are largely dependent on state financing, which has dwindled dramatically in the past four years. Pre-schools, once free, now charge a fee, and attendance is declining. The emerging small-scale, private kindergartens are both too few and too expensive to provide universal pre-school coverage. Enterprises that previously provided social benefits for their employees now contribute to the People's Social Protection Fund. However, this fund has fallen behind seriously with its benefit payments.

5. Moldova had sophisticated health services, with free health care and medicines. This is now in serious decline owing to the lack of funds to import drugs, supplies and equipment, almost none of which are produced in the country. Medicines are no longer free, except for infants; and pharmacies have very limited stocks, which were drawn upon heavily during the 1994 flood emergency. Hospitals are kept running in part with drugs donated by the international community. Loans from the World Bank and the European Union will permit the importation of about 20 per cent of the medicines needed for 1995. Patients often are required to bring renewable surgical supplies with them, which they buy on the open market.

6. The decline of health services is having a serious impact on the health of children. The infant mortality rate (IMR) has increased, and acute respiratory infections (ARI) are responsible for 50 per cent of IMR. ARI is the leading cause of hospitalization and death among young children.

7. The second cause is perinatal complications, which account for 30 per cent of infant deaths. With the high level of water pollution and a shortage of chlorine for drinking water treatment, it is likely that diarrhoeal diseases are underreported. Hepatitis A also has increased rapidly. However, the Government reports that neonatal tetanus has been eliminated.

8. Moldova has one of the highest maternal mortality rates (MMRs) in Europe at 52 per 100,000 live births in 1993. Factors related to the increase of MMR are shortages of drugs and resuscitating equipment in maternities, as well as the lack of ambulance fuel for transporting rural women in labour to maternity services. Anaemia affects 50 per cent of pregnant women. Iron and folic acid tablets are in short supply. Divorce, single parenthood and economic distress are making life very difficult for women.

9. Iodine deficiency disorders (IDD) are reflected in the incidence of hyperthyroidism among newborns which is 9 per 10,000 births. No data are available on goitre and cretinism among children. No information is available on the iodization of salt; all salt is imported from Ukraine and Kazakhstan. No cases of vitamin A and D deficiency have been reported.

10. Moldovan is becoming the principal language of education, although separate Russian schools will now be added to give parents a choice. In Transnistria, only Russian is allowed for instruction. There is also a serious shortage of non-Russian textbooks. Teachers have gone without pay and have gone on strike for better conditions. Classroom lighting and heating have been reduced, and in some localities, parents contribute work and money to their children's schools. There are overcrowded kindergartens and schools. Schools have established a practice of holding classes in two or three shifts - morning, afternoon and evening. No adequate facilities have been constructed to meet the new challenge of separate Russian and Romanian language schooling.

11. The Moldovan Parliament ratified the Convention on the Rights of the Child in 1993. The Convention has the potential to become an important influence in improving child survival, development and protection in Moldova as the country aspires to meet its provisions.

Recommended programme cooperation, 1995-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1995	1996	Total
General resources			
Primary health care	375	375	750
Nutrition	75	75	150
Education	100	100	200
Research, monitoring and evaluation	50	50	100
Programme support	150	150	300
Subtotal	750	750	1 500
Supplementary funding			
Primary health care	600	600	1 200
Education	400	400	800
Subtotal	1 000	1 000	2 000
Total	1 750	1 750	3 500

Programme objectives

12. The overall goal of the country programme is to arrest the rise in infant and maternal mortality and improve the overall quality of life for children and women in Moldova. The overall strategy will be to influence policy and practices in the social sector and build on the country's past achievements in health, education and social protection for children and women.

13. The objectives of the country programme are to (a) arrest the increasing trends in IMR and MMR and lay the foundations for decreases in line with the decade goals; (b) promote and support the reorientation of maternal and child health (MCH) policies and practices in a more cost-effective manner and in line with World Health Organization (WHO) norms; (c) support Government efforts to prevent an erosion in the quality and coverage of educational services and promote an educational curriculum appropriate to a changing society; and (d) support the development and implementation of a national programme of action (NPA) for children and achieve the mid-decade goals by 1995.

Programme strategy

14. UNICEF has not yet established a presence in Moldova. In the past, selected activities have been carried out in coordination with other United Nations agencies. During 1994, UNICEF fielded two assessment and programme development missions to Moldova to prepare a country programme recommendation as well as to discuss priority needs of children and women with various ministries and potential non-governmental organization (NGO) partners.

15. UNICEF will demonstrate its ability to engage effectively as a serious partner with Government and NGOs. A high priority will be the rapid delivery of urgently needed medical supplies and equipment to meet critical shortages. UNICEF will cooperate primarily with the MCH Section of the Ministry of Health, and UNICEF assistance for immunization, ARI treatment and control, and breast-feeding will be coordinated closely, essentially by one management group, staff and facilities for all activities. UNICEF assistance for service delivery will evolve gradually to help rebuild organizational capacity to achieve the

Government goals of reaching Western European standards of health care and cost-effectiveness in education and social protection.

16. Individuals, families and communities will be empowered with knowledge of how to become more self-reliant. A participatory approach in which people themselves have an opportunity to influence the design of messages and appropriate activities will be pursued.

17. Advocacy is an important strategy. Political leaders, parliamentarians, government officials, NGOs, print and electronic media, religions, artists, intellectuals and other groups will promote the Convention on the Rights of the Child and the decade goals in every sector of society. An NPA will provide a policy framework for achievement and sustainability of the decade goals.

18. The country programme includes five programmes: primary health care (PHC); nutrition; education; and research, monitoring and evaluation. In addition, there is a budgetary provision for programme management.

Primary health care

19. UNICEF will provide supplies and equipment, training, research and public education for each component of the PHC programme. A large proportion of the supplies and equipment will be provided in the form of kits, especially packed for ease of handling and distribution and designed to meet specific needs. An extension to cover nationwide needs is planned provided supplementary funds become available. For example, maternity kits will contain all the essential requirements of a delivery room and maternity ward and should help to reduce maternal deaths. Health staff will be trained in the correct prescription of drugs and compliance with revised vaccine schedules. Supplies for immunization, surgery and obstetric interventions, as well as for the treatment of infectious diseases with antibiotics, detergents, antiseptics and non-chloride disinfectants, will be provided.

20. Rationalization of drug prescriptions through the use of generic drugs, specifying limited number of types of essential drugs, the translation and printing of guidelines for the use of generic drugs and refresher courses for practitioners will help the Ministry of Health to reduce the quantity of imported drugs and assure the viability of a new health insurance system to be established in 1995. In close cooperation with WHO, the International Federation of the Red Cross and others, UNICEF will provide technical assistance to assess the needs by facility level as well as to define lists of drugs and assistance needed for training prescribers at village and district hospitals. Studies on the cost-effectiveness of the current health system will help to reform the system and its regulations. For example, a patient's need for consultations with specialists should be reduced, as well as the number and duration of hospitalizations, and operating costs.

21. For safe motherhood, close cooperation with WHO, the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation will strengthen public information and education in reproductive health. Existing materials will be adapted, translated and printed for wide distribution in health facilities, universities, high schools, factories, etc. Technical assistance for research and studies will help to analyse the underlying causes of the country's high MMR and to formulate a policy and five-year plan of action for preventing maternal deaths. Essential drugs, consumable supplies and basic resuscitation equipment will be provided to rural hospitals and maternity wards of district hospitals, together with staff training on their use. Training material in the use of such equipment will be prepared and distributed to all obstetricians and midwives.

22. For 1995 and 1996, UNICEF will become the principal supplier of vaccines to Moldova. If vaccines become available from other sources, UNICEF assistance will be reallocated for activities in support of ARI and safe motherhood.

23. UNICEF, in collaboration with WHO, will help the Ministry of Health to formulate new policies for the control of diarrhoeal diseases (CDD) and for ARI prevention and treatment. UNICEF will support a national programme for translating and printing training manuals and for the training of trainers of paediatricians on ARI case management and provide ARI kits containing antibiotics, anti-asthmatic drugs and other supplies as recommended by WHO. A survey will help to determine the prevalence of diarrhoeal diseases, and the proper practices for treatment at home and at PHC facilities will be introduced.

Nutrition

24. Training on breast-feeding for obstetricians, paediatricians, midwives, feldshers and nurses will be organized, and intensive public information campaigns for breast-feeding promotion will be launched. Technical assistance will be provided to help the Ministry of Health formulate a policy on and establish "baby-friendly" hospitals. At least the two main maternities should become "baby-friendly" by 1996. As anaemia is reported to be the major cause of morbidity among pregnant women, UNICEF will support surveys to better analyse the magnitude, causes and severity of iron and folic acid deficiencies. UNICEF also will provide drugs for preventive and curative care. The possibility of introducing food fortification and dietary changes will be explored. Leaflets and posters on the prevention of anaemia will be designed and printed in local languages. Personal child growth and health records, to be kept by mothers, that have been developed in Romania will be adapted and printed for Moldova. Training and refresher courses for paediatricians and nurses on post-natal care and growth monitoring also will be supported.

25. UNICEF will cooperate with the Ministry of Health to supply reagents to reinstitute the thyroid-stimulating hormone programme. A survey will be carried out among schoolchildren to estimate the level of IDD, and a salt monitoring system through epidemiological centres will be instituted to determine iodine levels in salt. UNICEF cooperation with Ukraine, from which most of Moldova's salt is imported, will be assisted with iodization equipment and technical assistance to salt producers. Achieving universal salt iodization, while requiring the involvement of different ministries and other organizations, is expected, nevertheless, to yield rapid results.

Education

26. UNICEF will assist the revision of Moldova's curriculum and educational structure through the provision of paper to print new textbooks and teaching guides which are in short supply in the Moldovan language. This component could be supported substantially through supplementary funds. UNICEF also will provide technical assistance for curriculum reform, with an aim that education for a healthy life-style, hygiene and reproductive health studies become integral elements of education for all. A study of channels for spreading messages about health, nutrition and needs of each stage of child development will be undertaken to give mothers better knowledge for child-rearing. The study also will suggest ways in which state enterprises, labour unions, women's and religious organizations, NGOs and the mass media can be involved.

27. The situation of children in institutions requires attention, especially in light of reduced state support for orphanages and special schools. As there are about 22,000 children with disabilities, the manner in which families, communities and the state are coping with the needs of prevention and care of child disabilities deserves higher priority. UNICEF will participate in a legal review to examine how well current laws relate with the Convention on the Rights of the Child.

Research, monitoring and evaluation

28. Priority will be given to completing a situation analysis to help guide the formulation of government policies and opportunities for cooperation with donors. The Department of Statistics will be assisted to develop data

collection and analysis capacity related to the monitoring of key social indicators. This will be linked with the regional MONEE (Monitoring the Transition in Eastern Europe) project, which is due to include Moldova beginning in 1995. A programme review will be carried out towards the end of 1995 to help make the necessary adjustments and to help prepare a strategy for the cooperation from 1997 and onwards.

Cooperation with other partners

29. Effective implementation of the new programme will require close collaboration with other organizations, particularly with the United Nations Resident coordinator, who also represents the United Nations Development Programme, UNFPA, the United Nations Capital Development Fund and the United Nations Department of Humanitarian Affairs in the country. It is likely that common premises will be shared with the other United Nations agencies, which will facilitate collaboration. The NGO sector is still emerging in Moldova, and there is opportunity for the formation of early partnerships with NGOs, especially the Association of Women or the League of Women. The European Union has a programme for Moldova, the United States Agency for International Development is providing assistance in health and the Red Cross is providing basic medicines and supplies.

Programme management

30. UNICEF staff will consist of one international Professional, three National Officers, one administrative and finance assistant, two secretaries and one driver. Close relations will be maintained with the other United Nations organizations present in Moldova, whose knowledge and prior experience will be of considerable benefit, especially in the start-up phase. For the 1995-1996 programme of cooperation, costs for support staff will be covered by resources available for programmes. The Government contribution will be primarily in the form of personnel, infrastructure and logistics support.

II. TURKEY

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	21.7
U5MR (per 1,000 live births)	84
IMR (per 1,000 live births)	67
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	150
Literacy rate (% male/female) (1990)	90/71
Primary school enrolment ratio (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	98
Access to safe water (%)	93
Access to health services (%)	..
GNP per capita (1992)	$1,980
One-year-olds fully immunized against:	
tuberculosis:	63 per cent
diphtheria/pertussis/tetanus:	79 per cent
measles:	74 per cent
poliomyelitis:	79 per cent
Pregnant women immunized against:	
tetanus:	22 per cent

The situation of children and women

31. Straddling Europe and Asia, Turkey is a diverse society both culturally and economically. Self-sufficient in agriculture, there is a rapidly growing industrial sector. The economy in the western region is modern and dynamic, but the rural east and south-east remain impoverished and display many characteristics of developing countries. Eight provinces are inaccessible for service delivery due to civil unrest. Although per capita income is $1,980, income distribution is uneven, with the richest 20 per cent taking 55 per cent of the country's wealth and the poorest one fifth possessing only 11 per cent. Per capita incomes are less than one half of the national average in the poorest regions.

32. The insecurity and unequal distribution of prosperity and services has prompted a massive migration of the population from the north and east towards western, southern and central regions. The resulting explosive growth of urban areas has resulted in 59 per cent of the population being urban. Rapid urbanization has caused serious shortages in housing, social services and employment. The gecekondus, or shanty towns, that have sprung up as housing on the fringes of major cities have become enclaves of underdevelopment where ignorance of basic health practices exacerbates the diseases of poverty. With overcrowding and a lack of adequate water supply and sanitation facilities, infant and child mortality rates approach those of the rural areas.

33. Of the 76 provinces, the State Planning Organization has designated 31 as priority for development activities. Most of those priority states are in the south-eastern and eastern regions where quality of life indicators are far below national norms. Long-term development projects have been implemented in those states since the early 1970s, but inadequate infrastructure, reduced access to basic services and high unemployment persist. The constant rotation of government personnel, particularly health staff, to more developed areas makes

service delivery more difficult to develop and sustain. Consequently, infant and child mortality rates have declined more slowly in those areas than in the rest of the country.

34. The infant mortality rate (IMR) varies from 32 per 1,000 live births in the west to 100 per 1,000 live births in the rural east. One third of child deaths are attributable to ARI, reflecting low access to health care. Diarrhoea accounts for about 9 per cent of infant deaths, down from previous years as mothers continue to breast-feed and use oral rehydration therapy (ORT), but sanitation is still poor. Malnutrition and perinatal factors remain the major causes of child deaths.

35. Three fifths of the 50,000 primary schools have multi-grade classrooms, which serve rural children in over 70,000 settlements. Of the relevant age-group, 95 per cent attend school and 89 per cent of those who enter grade 1 complete grade 5. However, UNICEF-sponsored research in four provinces shows that over one half of the graduating children do not achieve minimal learning standards.

36. In response to economic problems, the Government has reduced investments in social services. Budgets for health and education have been cut from $43 and $173 per capita in 1992 to $27 and $79 per capita, respectively, in 1995. The seventh development plan, 1996-2000, has been delayed so as to ascertain effects from these austerity measures. This bridging proposal is being submitted so as to be able to prepare the next programme of cooperation within the context of the new national development plan.

Programme cooperation, 1991-1995

37. The thrust of the current programme of cooperation is to reduce disparities by strengthening basic services in the mainly rural areas through the provision of equipment and training and the dissemination of child development messages. Capacity-building is hampered by the frequent rotation of staff. To empower communities for more self-development, UNICEF has assisted the Government with the training of 800 village volunteers to disseminate Facts for Life messages, promote literacy, mobilize for sanitation and monitor unimmunized children.

38. With more accurate estimates of the under-five population based on the 1990 census, Turkey did achieve the universal child immunization targets. The strategy of national immunization days has since given way to strengthening health services at the periphery to vaccinate children as part of routine services. To help sustain this strategy, UNICEF provided 850 refrigerators, 4,000 vaccine carriers, polio vaccine and training for over 1,000 mid-level managers and service workers. More than 46,000 public information materials were produced, including leaflets, posters, and radio and television spots to mobilize the public. After 1990, coverage, none the less, declined initially by about 9 per cent. However, expanded programme on immunization (EPI) coverage is improving rapidly as villagers participate more actively, and the computerized monitoring system introduced by UNICEF facilitates the early identification of problems for corrective action. The same EPI structure is used to distribute vitamin A capsules to children in high-risk areas.

39. Utilization of oral rehydration salts (ORS) has increased from 44 per cent in 1988 to 57 per cent following the strengthening of diarrhoea treatment units in major hospitals, the distribution of ORS packages and the creation of ORT corners at health facilities. Access to ORS is now 95 per cent. In the area of ARI, UNICEF is helping to strengthen curative services by providing essential drugs within a revolving fund mechanism to strengthen sustainability.

40. UNICEF and Ministry of Health officials have engaged with salt producers to promote the iodization of salt as well as inactive but relevant 1968 legislation. Ten major producers followed through to increase the production of iodized salt from 17 to 31 per cent of the market.

41. The free distribution of breast-milk substitutes has stopped and 19 hospitals have been certified as "baby-friendly". Of all hospital deliveries, 31 per cent are breast-fed exclusively. UNICEF has assisted midwife training schools to enrich the curriculum on community organization, communications and public health. UNICEF also has helped to train 1,000 of the 8,000 rural midwives through in-service training and the provision of midwifery kits.

42. UNICEF has focused on improving the quality of primary education and has helped to develop a national approach for assessing student progress. UNICEF assisted with the development of materials and the training of teachers for multi-grade classes in 78 schools. UNICEF also produced learning materials featuring Facts for Life messages for the first five grades and for adult literacy activities. UNICEF supported the training of over 5,000 women on health issues as part of a Ministry of Labour course on skills training. In addition, UNICEF assistance was used to develop models for home- and community-based early childhood development (ECD) activities and to extend mother's care training to 12 provinces for 3,500 women. The cooperation has produced about 90 publications, 10 videos and a series of 13 half-hour dramas, which have attracted a huge television audience.

43. The area-based projects have brought the health and education services together with women's income-generating activities to achieve a strong, positive continued improvement in child indicators in five rural provinces and in peri-urban areas of three cities where the situations of children are far below the national norms. These areas are Sanliurfa and Adiyaman provinces in the south-east, Kars and Agri in the east, Bayburt in the north and the shanty towns of Antalaya, Istanbul and Ankara. With UNICEF assistance, health centres have been equipped; primary school and non-formal educational activities have been intensified; staff and volunteers have been trained; and 3,000 women have increased their incomes significantly, mostly through carpet-weaving, bee-keeping and embroidery.

44. The mid-term review promoted the reorganization of this programme of cooperation by consolidating 36 projects into 25, with stronger linkages and a focus on the mid-decade goals. The country has produced an NPA, and 29 of the priority provinces have developed provincial plans of action for the mid-decade goals.

Recommendation for additional general resources for the approved country programme, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1994	1995	Total
1991-1995	1 703	297	200	497

a/ The amount shown here includes the actual balances carried over from the previous programme cycle.

45. The Turkey country programme for the period 1991-1995 was approved by the Executive Board in 1991 with an allocation of $10,000,000 from general resources (E/ICEF/1991/P/L.19). Based on the availability of additional general resources and opportunities for acceleration of programme implementation towards achievement of the mid-decade goals in Turkey, the annual ceiling of the country programme was increased in 1994 and 1995 by $200,000, and a special allocation of $97,002 was given in 1994 to accelerate progress on the mid-decade goals for

health. Consequently, the Executive Board is requested to approve an additional amount of $497,002 to fund the programme up to the end of the approved programme period.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	1996
General resources	
Basic health	600
Basic education	500
Communication for the development of women	200
Area-based services for children and women	500
Basic services for children in peri-urban gecekondus	250
Advocacy and planning for children	150
Subtotal	2 200
Supplementary funding	
Basic health	800
Basic education	1 600
Communication for the development of women	400
Subtotal	2 800
Total	5 000

Child health

46. The present programme of cooperation aims at breaking the vicious cycle of infection and malnutrition among children and achieving the mid-decade goals for health by building capacity at community and first referral levels. The strategies include mobilization of community leadership, staff training, cost-effective technologies, monitoring and advocacy for policy change. Objectives include (a) raising immunization coverage to 90 per cent; (b) expanding access to ORS and treatment to 80 and 60 per cent of the population, respectively, and teaching 75 per cent of mothers to use ORT and to recognize the danger signs of pneumonia; (c) enhancing safe motherhood and care of newborns through the training of high-risk mothers on child care, the promotion of family planning and targeting 16 hospitals for "baby-friendly" certification; (d) increasing the accessibility of essential drugs at low cost through assessment of a pilot project and policy advocacy for cost-recovery mechanisms nationwide; and (e) strengthening community orientation of health services through the training of 30,000 community volunteers, enriching the public health component of nurse and medical school curricula, and reassessment of computerized reporting procedures.

Basic education

47. This programme aims to provide quality basic education for all, particularly in the south and south-east regions, by identifying learning needs, designing alternative ways to meet those needs and raising community awareness about the importance of education for girls and women as a major factor in development. The objectives include (a) expansion of in-service, multi-grade teacher training from 78 to 300 schools; (b) curriculum development focused on

life skills, particularly Facts for Life themes; (c) training girls to serve as agents of social change for children upon their return to their villages from boarding schools; (d) promotion of family- and community-based ECD models through public awareness campaigns, the training of trainers and education activities for mothers; and (e) development of adult literacy materials and the training of teachers aimed particularly at the learning needs of women and girls.

Communication for the development of women

48. As the long-term sustainability of quality of life for children depends on parental awareness and resourcefulness, this programme aims to empower women with new skills and knowledge through the dissemination of Facts for Life messages, particularly on pregnancy care and early childhood education. Broadcasting of a highly successful television drama and skills training for women's income-generating groups will go to scale as part of a parallel $71 million World Bank-financed project.

Area-based services for children and mothers

49. Area-based services aim to coordinate and reinforce the thrusts of the health, education, communications and promotion of women programmes in the same five predominantly rural provinces where lower levels of family income, education and life expectancy prevail. The goal is to reduce disparities by raising performance on critical social indicators to the national averages. The targets are to reduce IMR to 50 per 1,000 live births; increase prenatal services to at least four consultations per pregnancy; ensure hygienic birth conditions for 80 per cent of deliveries; and increase primary school retention rates so that 75 per cent of students complete grade eight.

50. The strategy involves improving the effectiveness of existing health services and creating a sustainable funding base for preventative health care. Capacity-building activities also will train volunteer community workers to promote environmental sanitation. There are multiple strategies for education and child development to increase demand for formal and non-formal education; to adapt mobile teachers and schools to meet needs in smaller settlements; to provide integrated basic life skills to children; to reduce school drop-out rates by fostering closer school-community relations; to develop community-based forms of early childhood education; to promote community and women's groups; and to refine monitoring of the situation of the children.

Basic services for children in peri-urban gecekondies

51. The urban basic services project, now completed in the peri-urban gecekondu of Antalya and Ankara, will continue to develop participatory community models, strengthen MCH services, address environmental issues, improve access to education and offer women income-generating opportunities in the gecekondu of Istanbul. The project also aims to strengthen the information base on gecekondu which, together with lessons learned from these experiences, will strengthen advocacy on the needs of poor children in poor urban areas.

Advocacy and planning for children

52. This programme will continue to strengthen capacity to monitor the situation of children and progress towards the NPA goals, in particular, by working towards standardization of indicators used in data-gathering instruments and upgrading equipment and skills to computerize this information. The assessment of progress towards achievement of the mid-decade goals, strengthening NPA management to meet the decade goals and mobilization for the annual Children's Festival to raise awareness of children's issues will be major advocacy activities.

Programme management

53. The Child Intersectoral Board, composed of under-secretaries of co-participating ministries, will continue to play a key coordinating role in Government/UNICEF cooperation through quarterly progress assessments and policy deliberations. These exercises have assured a high degree of intersectoral collaboration for programme implementation without compromising execution, which is decentralized for programme managers. These assessments also have enhanced the use of lessons learned by other social development programmes through the involvement of the same high-level decision makers.

Cooperation with other partners

54. The Government is expected to produce the first draft of its next five-year development plan during 1995. Work on the country strategy note is ongoing under the leadership of the United Nations resident coordinator. These, together with the NPA and the situation analysis, will form the basis of the 1997-2000 Government of Turkey/UNICEF programme of cooperation to be prepared during 1995. WHO is involved closely in the development of the technical guidelines for treatment protocols, epidemiological surveys, training and other capacity-building interventions which UNICEF supports as well in the health sector. UNFPA provides contraceptive supplies and funds family education and MCH activities. At Government request, the World Bank will fund through UNICEF expansion of the multi-grade teacher-training project. The Government also will finance rapid expansion of women's income-generating activities and capacity-building for PHC along the same principles developed by the cooperation.